

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

COVER PAGE - LONG FORM
F I L E
Date Stamp
MAY 26 2006
CALIFORNIA FORM 460

Page 1 of 32

Statement covers period
from 03/18/2006
through 05/20/2006

Date of Election if applicable:
(Month, Day, Year)
06/06/2006

REGISTRAR OF VOTERS

By *Alsanley* Deputy

For Official Use Only

COPY

1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
☐ State Candidate Election Committee ☐ Primarily Formed
☐ Recall ☐ Controlled
☐ Sponsored
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
☐ Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

- ☒ Pre-election Statement ☐ Quarterly Statement
☐ Semi-annual Statement ☐ Special Odd-Year Report
☐ Termination Statement ☐ Supplemental Pre-election Statement - Attach Form 495
☐ Amendment (Explain below)

3. Committee Information

I.D. NUMBER
1264907

COMMITTEE NAME

Bill Hunt for Sheriff

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

() /

Treasurer(s)

NAME OF TREASURER

Barrett Garcia

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 5-20-06

DATE

Executed on 5-20-06

DATE

Executed on

DATE

Executed on

DATE

By

By

By

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee
Campaign Statement
Cover Page - Part 2

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee **6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

William J Hunt

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sheriff - Coroner, County of Orange

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Campaign Disclosure Statement Summary Page

Statement covers period from <u>03/18/2006</u> through <u>05/20/2006</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>32</u>	I.D. NUMBER <u>1264907</u>

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>38,984.00</u>	\$ <u>56,737.00</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>15,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>38,984.00</u>	\$ <u>71,737.00</u>
4. Non-monetary Contributions <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>69.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>38,984.00</u>	\$ <u>71,806.00</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>58,300</u>	<u>0</u>
21. Expenditures Made	\$ <u>52,946</u>	<u>0</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Cash Payments <i>Schedule E, Line 4</i>	\$ <u>30,778.21</u>	\$ <u>54,459.06</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>30,778.21</u>	\$ <u>54,459.06</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>985.00</u>	<u>12,273.29</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>69.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>31,763.21</u>	\$ <u>66,801.35</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditure Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
--------------------------------	---------------

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>6,608.75</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>38,984.00</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0.00</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>30,778.21</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>14,814.54</u>

If this is a Termination Statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 1, Column (b)* \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>27,273.29</u>

Schedule A
Monetary Contributions Received

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	
Page 4 of 32		I.D. NUMBER
		1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/27/2006 03/27/2006 03/27/2006	Harolde Abe	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	120.00 20.00 75.00	215.00	474.00 (P06)
04/18/2006	Adele's Cafe Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	340.00 (P06)
05/10/2006	R.B. Alexander	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Officer U.S.Army	100.00	100.00	100.00 (P06)
03/27/2006 05/10/2006	Joseph K. Anderson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00 200.00	350.00	350.00 (P06)
05/19/2006	William J. Baker	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OC Sheriff's Department	640.00	640.00	1,499.00 (P06)

SUBTOTAL \$ 1,405.00

Monetary Contributions Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 37,360.00
- Amount received this period - contributions of less than \$100.
(Do not itemize.) \$ 1,624.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 38,984.00**

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>	through <u>05/20/2006</u>	
Page <u>5</u> of <u>32</u>		I.D. NUMBER <u>1264907</u>

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/27/2006	Bakery Boutique Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	150.00 (P06)
03/23/2006	Gabe Baltadano	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Special Agent State of California	200.00	200.00	260.00 (P06)
05/03/2006	Daniel Bank	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Podiatrist Daniel Bank	50.00	100.00	100.00 (P06)
05/17/2006	Scott W. Bartholomew	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	120.00	120.00	120.00 (P06)
05/12/2006	Sheryl Y. Baum	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loan Officer Federal City Mortgage Bank	200.00	200.00	440.00 (P06)
04/20/2006	Beachfire LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	300.00 (P06)

SUBTOTAL \$ 1,020.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/29/2006	Brent Benson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	500.00	500.00	500.00 (P06)
03/23/2006	Chris Bieber	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Bieber Communications	100.00	100.00	280.00 (P06)
05/03/2006	Robert Birdsall	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	200.00 (P06)
04/01/2006	Robert Bollong	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant San Manuel Federal Indian Tride	200.00	200.00	200.00 (P06)
05/05/2006	Patricia A. Bouman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
03/27/2006	Brando	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		550.00	550.00	550.00 (P06)

SUBTOTAL \$ 1,550.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>	through <u>05/20/2006</u>	
Page <u>7</u> of <u>32</u>		I.D. NUMBER 1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/12/2006	Timothy Brockman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	200.00	200.00	200.00 (P06)
03/27/2006	Steve Brooks	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor ERA	100.00	100.00	100.00 (P06)
03/27/2006	Joel Buchlmayer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff Orange County Sheriff Dept.	130.00	580.00	1,330.00 (P06)
05/06/2006	Jeffrey Carta	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Manager Capital Cleaning Contractors	100.00	100.00	100.00 (P06)
05/10/2006	Casa Tropicana Bed & Breakfast	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	350.00 (P06)
05/10/2006	Kevin Chene	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Title Ins. First American Corp.	100.00	100.00	100.00 (P06)

SUBTOTAL \$ 830.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/10/2006	Michael Cotter	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Century 21	200.00	200.00	200.00 (P06)
05/10/2006	Harry C. Crowell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President The Inslo Dico Group	100.00	250.00	350.00 (P06)
03/27/2006	James S. Dahl	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fire Captain OCFA	100.00	100.00	100.00 (P06)
05/09/2006	Brad Davis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Lieutenant City of Orange	100.00	100.00	100.00 (P06)
05/12/2006	Mark Di Cicilia	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Home Depot	500.00	500.00	500.00 (P06)
04/20/2006	Mary Ann Dickinson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00	150.00	150.00 (P06)

SUBTOTAL \$ 1,150.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>	through <u>05/20/2006</u>	
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/20/2006 05/10/2006	Norman Dickinson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00 100.00	250.00	250.00 (P06)
05/20/2006	Do Boutique	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P06)
04/03/2006	David Donaldson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restauratuer Beach Fire LLC	500.00	500.00	500.00 (P06)
05/03/2006	Lori H. Donchak	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Planning Commissioner City of San Clemente	100.00	100.00	100.00 (P06)
05/05/2006	Donisa. Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	700.00 (P06)
05/05/2006	E&K Enterprises	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (P06)

SUBTOTAL \$ 2,150.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	
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		1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/18/2006	Robert Edwards	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Submar	200.00	200.00	200.00 (P06)
05/10/2006	Wayne Eggleston	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Appraisal Wayne Eggleston	100.00	200.00	350.00 (P06)
05/09/2006	Douglas E. Erway	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	220.00 (P06)
05/17/2006	Omar Faria	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law enforcement OC Sheriff's Department	100.00	100.00	1,260.00 (P06)
05/10/2006	Karen A. Finn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	150.00	150.00	150.00 (P06)
05/03/2006 05/18/2006	Joe Funicello	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00 100.00	200.00	200.00 (P06)

SUBTOTAL \$

850.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	
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		1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/27/2006	Micheal Gavin	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement OC Sheriff's Department	100.00	300.00	1,220.00 (P06)
05/03/2006	Eugene Genovese	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
04/10/2006	Jim Gesner	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Merit Property Management	300.00	300.00	300.00 (P06)
04/10/2006	Steve Gil	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement County of Orange	150.00	150.00	350.00 (P06)
04/03/2006	Edward N. Gomberg	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Synair Corporation	1,500.00	1,500.00	1,500.00 (P06)
03/24/2006	Joe Grebeier	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief of Police City of Greenfield	100.00	100.00	100.00 (P06)

SUBTOTAL \$ 2,250.00

Schedule A (Continuation Sheet)

Monetary Contributions Received

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	
Page 12 of 32		I.D. NUMBER
		1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/27/2006	J.D. Green	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	300.00	300.00 (P06)
05/19/2006	Green Planet Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P06)
03/30/2006	Rodger Griffith	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
05/05/2006	Michael R. Guite	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales -IT Rapidigm	500.00	500.00	500.00 (P06)
04/10/2006 05/10/2006	David Harrington	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	350.00 500.00	850.00	850.00 (P06)
03/27/2006	Eric Hatch	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator County of Orange	100.00	200.00	460.00 (P06)

SUBTOTAL \$ 2,250.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	Page 13 of 32
NAME OF FILER William J Hunt, Bill Hunt for Sheriff		I.D. NUMBER 1264907

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/27/2006 03/27/2006	Rex L. Hatch	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00 100.00	300.00	300.00 (P06)
05/07/2006	Dallas Hennessey	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	320.00 (P06)
03/27/2006	Philip A. Herzfeld	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Mystic Software	100.00	100.00	100.00 (P06)
04/20/2006	Joan M. Hill	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,500.00	1,500.00	1,500.00 (P06)
04/25/2006	Jason Hodges	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	100.00	100.00	100.00 (P06)
05/20/2006	Holbert Insurance Agency	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P06)

SUBTOTAL \$ 2,200.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	
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		1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/05/2006	Ju Ying Huang	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Champagne Bakery	100.00	100.00	100.00 (P06)
05/20/2006	Robert Emmett Hunt	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement FBI	100.00	100.00	330.00 (P06)
04/28/2006	Inglewood Police Association Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (P06)
05/09/2006	J.A.Prescott Ranch	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P06)
03/23/2006	Greg Kading	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Detective LAPD	100.00	100.00	259.00 (P06)
05/10/2006	KCOMM	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P06)

SUBTOTAL \$ 1,000.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	
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		1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/09/2006	Jessica Y. Latumeten	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Parole Agent State of CA	100.00	100.00	100.00 (P06)
05/10/2006	Lehman Consulting Group	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P06)
03/24/2006	James Lemmerman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
03/27/2006	Fred Lisanti	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	200.00	260.00 (P06)
05/07/2006	Chris Loftus	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Aliso Air Inc.	1,000.00	1,000.00	1,000.00 (P06)
03/27/2006	David N. Lund	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Public Works City of San Clemente	100.00	100.00	100.00 (P06)

SUBTOTAL \$ 1,500.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>	through <u>05/20/2006</u>	
Page <u>16</u> of <u>32</u>		I.D. NUMBER <u>1264907</u>

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/10/2006	Adele Lux	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Adele's Cafe	100.00	100.00	100.00 (P06)
05/19/2006	Gor Mohan Mehta	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Seven-Eleven Store	500.00	500.00	500.00 (P06)
03/27/2006	David F. Metsker	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	300.00	420.00 (P06)
04/20/2006	Mike P. Millen Attorney At Law	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	150.00 (P06)
03/28/2006	Laurie Miller	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hypnotherapist Hypnosis Concepts	100.00	100.00	100.00 (P06)
05/02/2006	Rodger Miller	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Compliance Rep. OP ENG CC	100.00	100.00	100.00 (P06)

SUBTOTAL \$ 1,050.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/27/2006 04/28/2006	Charles Mitchell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00 100.00	250.00	300.00 (P06)
03/23/2006	Dale Mullins	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Brea PD	200.00	200.00	200.00 (P06)
04/03/2006 04/10/2006	Bradley Newmyer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	250.00 500.00	750.00	750.00 (P06)
05/05/2006	David J. Olivieri	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Services David Olivieri	1,000.00	1,000.00	1,000.00 (P06)
04/10/2006	Justin Osterfeld	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	1,000.00	1,000.00	1,000.00 (P06)
03/27/2006	Party Makers Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	400.00 (P06)

SUBTOTAL \$ 3,600.00

Schedule A (Continuation Sheet)

Monetary Contributions Received

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>	through <u>05/20/2006</u>	
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
03/31/2006	Dartagnan Pendleton	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Merlin Bail Bonds	100.00	100.00	100.00 (P06)
03/27/2006	Peter Drilling & Contracting Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150.00	150.00	150.00 (P06)
04/03/2006	Political Action Committee Association of Orange County	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID# 782021	1,500.00	1,500.00	1,500.00 (P06)
03/27/2006	Darrell G. Poncy	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	300.00	450.00 (P06)
05/20/2006	Robin Renz	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Nunya Enterprises Inc.	100.00	100.00	100.00 (P06)
05/01/2006	Brian Rice	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dentist Brian Rice	300.00	300.00	300.00 (P06)
SUBTOTAL \$				2,450.00		

Schedule A (Continuation Sheet)

Monetary Contributions Received

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>		
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NAME OF FILER <u>William J Hunt, Bill Hunt for Sheriff</u>		I.D. NUMBER <u>1264907</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/03/2006	James P. Rick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	750.00	750.00	750.00 (P06)
03/27/2006	Louis Riggione	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales Director Blue Cross of CA	200.00	200.00	200.00 (P06)
03/27/2006	Randolph A. Rimnev	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement California Dept. of Justice	100.00	100.00	245.00 (P06)
05/18/2006	Lisa Risko	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Notary Lisa Risko	300.00	300.00	300.00 (P06)
05/10/2006	Susan E. Ritschel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Council San Clemente	100.00	100.00	100.00 (P06)
03/27/2006	Raymond Rivadeneyra	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)

SUBTOTAL \$ 1,550.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

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03/30/2006	Ernest Rivas	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Acquisitions JH Real Estate Partners, Inc.	100.00	100.00	100.00 (P06)
05/10/2006	Joseph W. Robben	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00 (P06)
04/03/2006	Barry Roberson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
04/24/2006	Angela Rohde	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Code Enforcement Officer City of Dana Point	100.00	100.00	100.00 (P06)
04/24/2006	Joachim W. Rohde	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	220.00	220.00 (P06)
05/20/2006	Susan E. Samuels	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Casual Elegance Furniture	25.00	225.00	1,195.00 (P06)

SUBTOTAL \$ 625.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
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through <u>05/20/2006</u>		Page <u>21</u> of <u>32</u>
NAME OF FILER <u>William J Hunt, Bill Hunt for Sheriff</u>		I.D. NUMBER <u>1264907</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/10/2006	San Clemente Journal	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (P06)
03/27/2006	David E. Sawyer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Enforcement Orange County Sheriff's Dept	100.00	400.00	1,360.00 (P06)
03/27/2006	SC Rentals	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	400.00	400.00 (P06)
04/06/2006	Cesar Scolari	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Staffworks Inc.	1,500.00	1,500.00	1,500.00 (P06)
04/06/2006	Sarah Scolari	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Manager Staffworks Inc.	1,500.00	1,500.00	1,500.00 (P06)
05/09/2006	Janet Sener	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Crime Prevention OCSD	100.00	100.00	250.00 (P06)

SUBTOTAL \$ 3,700.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>	through <u>05/20/2006</u>	
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NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
04/03/2006	Amy E. Serrano	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff OCSD	200.00	200.00	200.00 (P06)
05/03/2006	Sierra Partners LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (P06)
05/19/2006	Laurence W. Smiser	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
03/27/2006	Ken Smith	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Agent State Farm	100.00	100.00	100.00 (P06)
04/28/2006	Warren R. Sprinkel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	1,000.00 (P06)
05/17/2006	Superior Plumbing Contractors Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (P06)

SUBTOTAL \$ 2,650.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>		
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NAME OF FILER <u>William J Hunt, Bill Hunt for Sheriff</u>		I.D. NUMBER <u>1264907</u>

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03/22/2006 03/23/2006 03/23/2006	Steven Swiderski	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investigator OCS D	120.00 120.00 100.00	540.00	640.00 (P06)
03/27/2006	Szar International, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400.00	1,150.00	1,150.00 (P06)
03/27/2006	T.Davis & Associates, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	300.00	300.00 (P06)
05/17/2006	Christopher D. Teske	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Computers Answerthink	100.00	100.00	100.00 (P06)
04/18/2006	Sam Torres	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Professor Cal-State Long Beach	500.00	500.00	500.00 (P06)
05/01/2006 05/01/2006	Guy Varriano	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00 100.00	200.00	200.00 (P06)

SUBTOTAL \$ 1,640.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>	through <u>05/20/2006</u>	
Page <u>24</u> of <u>32</u>		I.D. NUMBER <u>1264907</u>

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/19/2006	Richard D. Von Luft	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retirement Consultant Richard Von Luft	100.00	100.00	100.00 (P06)
04/10/2006	John Weston	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
05/19/2006	Sarah Whitanis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00 (P06)
04/10/2006	Donald G. Wilcox	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (P06)
05/18/2006	Michael Willey	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner ASSI Security	500.00	500.00	500.00 (P06)
03/27/2006 05/10/2006 05/17/2006	Michelle S. Williams	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker ERA	200.00 500.00 40.00	740.00	740.00 (P06)

SUBTOTAL \$ 1,740.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>	through <u>05/20/2006</u>	
Page <u>25</u> of <u>32</u>		I.D. NUMBER <u>1264907</u>

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
05/17/2006	Yellow Book Sales & Distribution Company	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (P06)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 200.00

Schedule B - Part I
Loans Received

SCHEDULE B - Part I

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	
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I.D. NUMBER		1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
William J Hunt <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chief of Police Services City of San Clemente	\$ 15,000	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 15,000 / / DATE DUE	% 0.000 RATE \$ 0	\$ 15,000 06/30/2005 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION \$ 15,000 P06
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION \$
SUBTOTAL \$								0.00 \$ 0.00 \$ 15,000.00 \$ 0.00

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus initemized loans less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>	through <u>05/20/2006</u>	
Page <u>26</u> of <u>32</u>		I.D. NUMBER <u>1264907</u>

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
05/19/2006	The National Tax-Limitation Committee PAC	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		2,000.00	2,000.00	2,000.00 (P06
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				2,000.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 2,000.00
- Contribution and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$ 2,000.00

Schedule E
Payments Made

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	Page 27 of 32
		I.D. NUMBER 1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Awards 'N More	FND			150.85
Bank of America	OFC			1,179.42
COGS South	CMP			2,055.66
SUBTOTAL \$				3,385.93

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 30,637.70
2. Unitemized payments made this period of under \$100.	\$ 140.51
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 30,778.21

Schedule E
(Continuation Sheet)
Payments Made

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	Page 28 of 32
NAME OF FILER William J Hunt, Bill Hunt for Sheriff		I.D. NUMBER 1264907

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
Douglas Printing	PRT		1,697.82
Barrett Garcia	PRO		990.00
Jeff Cole Productions	OFC		200.00
LWV Media Services	RAD		5,000.00
SUBTOTAL \$			7,887.82

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	03/18/2006	
through	05/20/2006	
Page 29 of 32		I.D. NUMBER
		1264907

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Postal PreSort	POS		165.33
Registrar of Voters	FIL		107.87
Shorecliffs Golf Course	FND		2,547.00
Signs Plus	CMP		2,684.67

SUBTOTAL \$ 5,504.87

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from <u>03/18/2006</u>	through <u>05/20/2006</u>	
Page <u>30</u> of <u>32</u>		I.D. NUMBER <u>1264907</u>

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	
The National Tax-Limitation Committee PAC ID# 596006	CTB		2,000.00
The UPS Store	LIT		499.43
Three Arch Catering	FND		1,269.75
Win Your Race LLC	PHO		9,200.00
SUBTOTAL \$			12,969.18

SCHEDULE E (CONT.)

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging and meals (explain)
TRS	staff/spouse travel, lodging and meals (explain)
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)				
	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Work Works, Inc.	WEB			889.90
SUBTOTAL \$				889.90

Schedule F

Accrued Expenses (Unpaid Bills)

Statement covers period	CALIFORNIA FORM 460
from 03/18/2006	
through 05/20/2006	Page 32 of 32
I.D. NUMBER 1264907	

NAME OF FILER William J Hunt, Bill Hunt for Sheriff

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Barrett Garcia	PRO	0.00	985.00	0.00	985.00
Brough Consulting, Inc.	CNS	11,288.29	0.00	0.00	11,288.29

SUBTOTALS \$ 11,288.29 \$ 985.00 \$ 0.00 \$ 12,273.29

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for payments for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTAL** ... \$ 985.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTAL** ... \$ 0.00

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET** ... \$ 985.00